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Doc	ket N	io.:	

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and j int inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DISTRIBUTIO	N INFORM	ATION MAN	AGEMENT SY	STEM AND	METHOD	
described and claimed	in the specific	ation:				
*a. ⊠ a b. □	attached hereto filed on ded on	as Application 	serial No.	and		
I hereby st claims, as amended by I acknowle defined in Title 37. Co	any amendme dge the duty t de of Federal l	nt referred to about o disclose to the Regulations, 81.	ve. Office all informa 56.	tion known to	re-identified application, including the me to be material to patentability as	
Under Title provisional application	. 25 119 Code	8 119 the prior	ity benefits of the	following forei hereby claim	ign application(s) and/or United States ed:	
Incomes Pol			551, filed on Apr			
The follow the United States of A named foreign priority		'a' mare than one	WHAT PROP TO TAIR A	onlication. or	ntion were filed in countries foreign to (b) before the filing date of the above-	
m:1	noing the follo	ving as my attorn	evs of record with	full power of s	ubstitution and revocation to prosecute	
The state of the s	James A. Kirk M. H	Oliff, Reg. No. 27 ludson, Reg. No. 1 Walker Reg. No.	,075; William P. B 27,562; Thomas J. I . 31,450; Robert A. i65; and Caroline D	orridge, Reg. P Pardini, Reg. N Miller, Reg. 1	40. 30,411; No. 32,771;	
ALL CORRESPOND BERRIDGE, P.O. BO	SENCE IN C	ONNECTION V	WITH THIS APP	LICATION S	HOULD BE SENT TO OLIFF &	
I hereby de herein of my own kn	clare that I has owledge are tr ements were m	ce reviewed and use and that all stade with the knownder Section 10	inderstand the contractments made on wledge that willful 01 of Title 18 of	ents of this De information a false statemen the United St	claration, and that all statements made and belief are believed to be true; and its and the like so made are punishable ates Code and that such willful false	
Typewritten Full Nam of S 1 or First invent		Shinichiro			Taniguchi	
0.0.00	-1/	Given Name	Middle	Initial	Family Name	
**Inventor's Signatur	e:	Shinic	Rizo Jani	ouch'		
**Date of Signature:		11/9/19	999		Year	
5 - 14	Nakai-mac		onth Kanagawa	Day	Japan	
Residence:	City		State of Provi	nce	Country	
Citizenship:		Japan				
Post Office Address:			co., Ltd., 430,	Sakai, Naka	i-machi,	
(Insert complete mailing address, lexibating country)		Ashigarakami-gun, Kanagawa, Japan				

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "×" HERE ☒

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}N te to Inventor: Pleas sign name exactly as it appears above and insert the actual date f signing.

PAGE 2 OF U.S.A. DECLARATION FORM

Typewritten Pull Na		Kenji			Kawano		
of Second Joint inve	andt.	Given Name	Mi	ddle Initial	Family Name		
**Inventor's Signatu	160'	Zeni	Ham				
•		11/	11 / 99				
**Date of Signature:	i		onth	Day	Year		
Residence:	Nakai-macl		Kanaga	W8	Japan		
Kesidence:	City		State of F		Country		
Citizenship:	CAY	Japan					
Post Office Address		c/o Fuji Xeroz	Co., Ltd., 4	30, Sakai, Nakai-r	nachi,		
(Irace Complete mailing address, including country)	i	Ashigarakami-gun, Kanagawa, Japan					
address, building country)		Author	<u> </u>				
Typesydten Bull Na	me						
Typewritten Full Na of Third Joint invent	tor:	Kil-ho			Shin		
		Given Name	Mi	ddle Initial	Family Name		
**Inventor's Signate	ire:						
**Date of Signature	:			1/99			
,		M	onth	Day	Year		
Residence:	Nakai-mac	<u></u>	Kanaga		Japan		
	City		State of I	Tovince	Country		
: Citizenship:		Korea					
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(Irrest Complete mailing address, including country)		Ashigarakami	-gun, Kanag	awa, Japan			
		-					
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of Fourth Joint inves							
**Inventor's Signati		Given Name	Mi	ddle Initial	Family Name		
**Inventor's Signati	ure:						
**Date of Signature	:						
		M	onth	Day	Year		
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Citizenship:	City		State of I	Province	Country		
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of Fifth Joint invent	or:			EU COCO	Family Name		
		Given Name	M	ddle Initial	Painty Name		
**Inventor's Signati							
**Date of Signature	:				Year		
		М	onth	Day	1 644		
Residence:			State of	Service -	Country		
	City		2(Fig OI)	LIGALDES	County		
Citizenship:							
Post Office Address	::						
(Inner: Complete uniling eddress, including country)							

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.